

**Exhibit K
Medical File**

Lee County Detention Center
INMATE REQUEST SLIP

F=1
LOCATION

Name Antonio Martinez Date 5/15/06

- | | | | |
|---|---|---|-------------------------------------|
| <input type="checkbox"/> Telephone Call | <input type="checkbox"/> Doctor | <input type="checkbox"/> Dentist | <input type="checkbox"/> Time Sheet |
| <input type="checkbox"/> Special Visit | <input type="checkbox"/> Personal Problem | <input checked="" type="checkbox"/> Other | |

Briefly Outline Your Request. Give To Jailer NURSE STEWART
I HAVE TWO HOLES IN MY MOUTH, AND
THEY ARE STILL BLEEDING, AND I HAVE
BEEN TAKEN OFF MEDICATION. CAN
YOU SEND ME SOME MORE MEDICATION,
AND SALT? THANKS FOR YOUR TIME.

Do Not Write Below This Line - For Reply Only

05/15/06 Dr. King by orders
He will your Dental
problem, has been completed

(Nurse Stewart)

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

- | | | |
|-------------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Lieutenant | <input type="checkbox"/> Chief Deputy | <input type="checkbox"/> Sheriff |
|-------------------------------------|---------------------------------------|----------------------------------|

Date _____ Time Received _____

CORRECTION OFFICER _____

7-1

**LEE COUNTY SHERIFF'S DEPARTMENT
RECORD OF MEDICAL EXAMINATION**

(FORM #11)

PART 1: To be completed by Corrections Staff. (Please print clearly)

1. Inmate's name: Martinez, Antonio
2. Date: 05/13/06
3. Time: 0745
4. Reason treatment was needed: Dental pain

5. Did Inmate request treatment? Yes (If yes, place request form in Inmate's file if in writing)
6. Was inmate transported from the jail? Yes
7. If yes, to what location? D. King's office
8. Was inmate treated at the jail? No
9. Who examined the inmate? Medical
10. Corrections Officer's name: _____ Signature: _____

PART 2: To be completed by person examining inmate. (Please print clearly)

1. Type of treatment/ examination: Ext # 78
2. Prognosis: Good
3. Is additional treatment needed? _____ If so, please specify if other than medication:
No
4. Medication prescribed: Lortab 7.5 x 6
5. Special instructions for administration: As prescribed
6. Other special instructions (restrictions of diet, activity, work, etc; observation orders; other):

WILLIAM G. KING, III, D.M.D.
227 E. MAGNOLIA AVENUE
AUBURN, AL 36830

Health Care Provider (Please print and give title, Re. M.D., R.N., D.D.S., etc.)

W.G. King III

Lee County Detention Center
INMATE REQUEST SLIP

F-1

LOCATION

Name Alejandro Martinez Date 1-10-06

- | | | | |
|---|---|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Telephone Call | <input type="checkbox"/> Doctor | <input type="checkbox"/> Dentist | <input type="checkbox"/> Time Sheet |
| <input type="checkbox"/> Special Visit | <input type="checkbox"/> Personal Problem | <input type="checkbox"/> Other | |

Briefly Outline Your Request. Give To Jailer

Need to see nurse or doctor
Have hernia THATS swollen up
the size of an orange.

Thank You

Do Not Write Below This Line - For Reply Only

1/13/06 you will see
me

Yours, Stewart

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

- | | | |
|-------------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Lieutenant | <input type="checkbox"/> Chief Deputy | <input type="checkbox"/> Sheriff |
|-------------------------------------|---------------------------------------|----------------------------------|

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

NOTES

NAME: Martinez, Arturo SS# [REDACTED]DOB: [REDACTED] AGE: 48 SEX: M RACE: HIDRUG ALLERGIES: G TETNUS: _____NATURE OF PROBLEM OR REQUEST: St. Domingo, Hernia

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

HEALTH CARE DOCUMENTATION

SUBJECTIVE:

OBJECTIVE: BP P R T O2

ASSESSMENT: After I'm brought to Chm. C/o. Needig say "I'm under your care now" as he demands how long he had Hernia. Would not answer ask how long it's been going in just would not answer ask who you are would not answer. He I'm response "when do I have my say?" I'm need to see an MD TO put him ⁱⁿ ~~him~~ back in. I'm response "you will get a phone call"

PLAN:

Now I'm to make observation, Matrix if I lying not may see my wife.

REFER TO: PA/PHYSICIAN MENTAL HEALTH DENTAL SIGNATURE Stevens TITLE PA DATE 1/1/06 TIME 1400

MEDICATION ADMINISTRATION RECORD

REORDER FROM INTEGRAL SOLUTIONS GROUP • 1-800-235-0767

FORM A-55

STOCK #506423

STARTING FOR	THROUGH	Telephone No.	Medical Record No.
Physician Physician ergies	<i>Protocol</i>	Alt. Telephone	
		Rehabilitative Potential	

agnosis

Medicaid Number	Medicare Number	Approved By Doctor:			<i>Stewart</i>	Title: <i>Dr.</i>	Date:
		By:	D.O.B.	Sex	Room # <i>F-1</i>	Patient Code	Admission Date
<i>RESIDENT</i> <i>M-A-T-I-B-L-E</i>							

NOTES

NAME: Martinez, Antonio SS# [REDACTED]DOB: [REDACTED] AGE: 48 SEX: M RACE: HIDRUG ALLERGIES: Ø TETNUS: [REDACTED]NATURE OF PROBLEM OR REQUEST: Left Inguinal Hernia
[REDACTED]
[REDACTED]

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

HEALTH CARE DOCUMENTATION

SUBJECTIVE:

01/18/06 Lee County Detention Center Antonio Martinez #593038095
 This 48 YO Hispanic male has a left inguinal hernia that has been present for one year. He said he even spent two days in the hospital in Atlanta with it. They did not do surgery. He said he was supposed to have had surgery two weeks ago when he was brought the jail. He is not sure of the name of the doctor.

Physical Exam: He walks in loudly complaining. He walked out comfortable. When he lies down I see a large left inguinal hernia that is easily reduced although he resisted my reducing it. It is probably about 5 cm. The defect itself feels like it is probably 2 or 3 cm. The testicle has no hydrocele. He is generally tender in the area of his genitalia. His abdomen is soft and nontender with normal bowel sounds. He is not having any respiratory distress.

Impression: Left inguinal hernia that reduces easily.

Plan: I tried to explain the difference between an elective and an urgent surgical need. If he has any vomiting or if the hernia is not able to be reduced then we certainly should see him in the Emergency Room and reduce it and if it doesn't reduce then proceed to emergency surgery otherwise it continues to be an elective surgical need. He did not understand that that meant that it could be scheduled at a time that was convenient to his present circumstances. Recheck prn.

PLAN:

Medications: none Rx: C. inguinal hernia
Acetaminophen
Bronx best B&T

REFER TO: PA/PHYSICIAN MENTAL HEALTH DENTALSIGNATURE JOHN H MCFARLAND MD TITLE MD DATE 1-18-06 TIME 0910AM8104894
AL11404

Lee County Detention Cen
INMATE REQUEST SLIP

EZI
LOCATION

Name Antonio Martinez Date 1-24-06

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Telephone Call | <input type="checkbox"/> Doctor | <input type="checkbox"/> Dentist |
| <input type="checkbox"/> Special Visit | <input type="checkbox"/> Personal Problem | <input type="checkbox"/> Time Sheet |
| | | <input type="checkbox"/> Other |

Briefly Outline Your Request. Give To Jailer

Nurse Stewart

*Could you give me my Medication
I really need to go to the hosp.
Im in a lot of pain. For hernia*

Do Not Write Below This Line - For Reply Only

*1/24/06 On m. didn't
order any pain meds
in other given*

Nurs Stewart

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

- | | | |
|-------------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Lieutenant | <input type="checkbox"/> Chief Deputy | <input type="checkbox"/> Sheriff |
|-------------------------------------|---------------------------------------|----------------------------------|

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

Lee County Detention Center
INMATE REQUEST SLIP

E=1
LOCATION

Name Antonio MARTINEZ

Date 1/25/06

Telephone Call

Doctor

Dentist

Time Sheet

Special Visit

Personal Problem

Other

Briefly Outline Your Request. Give To Jailer

Nurse

Could you give me my Medication
I really need to go to the hosp.
Im in a lot of pain from the
neria

Do Not Write Below This Line - For Reply Only

1/26/06 You have a follow
up iss. With m. on 2/8/06

Mrs. Lewis

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

Lieutenant

Chief Deputy

Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

NOTES

NAME: Martinez, Antonio SS# [REDACTED]DOB: [REDACTED] AGE: 48 SEX: M RACE: HIDRUG ALLERGIES: Ø TETNUS: _____NATURE OF PROBLEM OR REQUEST: Hernia. Caught Lying
water bag about 30-40 lbs

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

HEALTH CARE DOCUMENTATION

517
1654

SUBJECTIVE:

OBJECTIVE: BP _____ P _____ R _____ T _____ O2 _____

ASSESSMENT:

01/31/06 Lee County Detention Center Antonio Martinez #593038095

This 48 YO Hispanic male was lifting a 30-40 lb sack of water in an apparent attempt to get his left inguinal hernia to come back out. His hernia is back in. He says he is tender in the testicles.

Physical Exam: I was able to palpate testicles. There are no nodules within them. It is not the epididymis. It is more tender, in fact it seems to be a dramatic type of tenderness rather than a true tenderness. There is no redness or swelling. His abdomen is benign.**Impression:** Inguinal hernia that is not out and certainly not incarcerated or a problem requiring any attention at this time.**Plan:** Nothing needs to be done about the hernia at this time.**Addendum:** He shows me a fungal infection in the four-five web space of the right foot. He can use some over-the-counter antifungal medication such as Tinactin, etc. Recheck prn.

REFER TO: PA/PHYSICIAN _____ MENTAL HEALTH _____ DENTAL _____

SIGNATURE _____ TITLE MD DATE 1-31-06 TIME 09-12

JOHN H MCFARLAND MD

AM8104894

AL11404

Lee County Detention Center
INMATE REQUEST SLIP

C-1
LOCATION

Name Antonio Martinez Date _____

- | | | | |
|---|--|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Telephone Call | <input checked="" type="checkbox"/> Doctor | <input type="checkbox"/> Dentist | <input type="checkbox"/> Time Sheet |
| <input type="checkbox"/> Special Visit | <input type="checkbox"/> Personal Problem | <input type="checkbox"/> Other | |

Briefly Outline Your Request. Give To Jailer

Excuse Mrs. Nurse, I am writing to you in concern of my hypertension. I am in very serious pain. I also need some fungus cream ~~cream~~ for my feet.

Thanks, God Bless

Do Not Write Below This Line - For Reply Only

2/6/26 Day [redacted] is away
Do you know, if it
Can Out You may see
our [redacted]. Can you

Yours [redacted]

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

- | | | |
|-------------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Lieutenant | <input type="checkbox"/> Chief Deputy | <input type="checkbox"/> Sheriff |
|-------------------------------------|---------------------------------------|----------------------------------|

Date _____ Time Received _____

CORRECTION OFFICER _____

Lee County Detention Cen
INMATE REQUEST SLIP

S-1
LOCATION

Name Antonio Martinez

Date _____

- | | | |
|---|---|---|
| <input type="checkbox"/> Telephone Call | <input type="checkbox"/> Doctor | <input type="checkbox"/> Dentist |
| <input type="checkbox"/> Special Visit | <input type="checkbox"/> Personal Problem | <input type="checkbox"/> Time Sheet |
| | | <input checked="" type="checkbox"/> Other |

Briefly Outline Your Request. Give To Jailer

I need med's for fungeus
on my feet the shower is
so nasty it' pitiful
also I need med's for
my Hernia I am in
Bad Pain / I need it soon!!
Thank =

Do Not Write Below This Line - For Reply Only

2/28/06 T metron 9 min
also Anti Fungal Cream
Selph

Shoe Sharp

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

 Lieutenant Chief Deputy Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

Lee County Detention Cen
INMATE REQUEST SLIP

F-1
LOCATION

Name ANTONIO MARTINEZ Date 3/8/06

- | | | | |
|---|--|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Telephone Call | <input checked="" type="checkbox"/> Doctor | <input type="checkbox"/> Dentist | <input type="checkbox"/> Time Sheet |
| <input type="checkbox"/> Special Visit | <input type="checkbox"/> Personal Problem | <input type="checkbox"/> Other | |

Briefly Outline Your Request. Give To Jailer

I AM HAVING A VERY HARD TIME Getting up & and
 out of bed. Reason is this Heroin is Give
 me pain all the time. Give me Problem when use
 the bathroom. The pain pills is not getting or doing
 this pain away. Need to see the doctor soon as possible

Thank you

Antonio Martinez

Do Not Write Below This Line - For Reply Only

Been today in sick
Cool 3/10/06

Nurse Griffith

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To
 Those The Request is Directed.

- | | | |
|-------------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Lieutenant | <input type="checkbox"/> Chief Deputy | <input type="checkbox"/> Sheriff |
|-------------------------------------|---------------------------------------|----------------------------------|

Date _____ Time Received _____

CORRECTION OFFICER _____

NOTES

NAME: Martinez, Antonio SS# [REDACTED]DOB: [REDACTED] AGE: 48 SEX: M RACE: HDRUG ALLERGIES: 8 TETNUS: _____NATURE OF PROBLEM OR REQUEST: States has pain from
inguinal hernia (L)

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

HEALTH CARE DOCUMENTATION

SUBJECTIVE: AD K3. responsive

OBJECTIVE: BP _____ P _____ R _____ T _____ O2 _____

ASSESSMENT: States has pain to (L) groin. States has
(L) inguinal hernia. NO swelling or pouch noted.
do "hole" to (L) inguinal area. NO indension
noted to area.PLAN: (1) To see M.D. next visit. (2) Motrin 400mg
PO now.REFER TO: PA/PHYSICIAN MENTAL HEALTH _____ DENTAL _____SIGNATURE BHifford TITLE CN DATE 3/10/06 TIME 2:30 PM

NOTES

NAME: Martinez, Antonio SS# [REDACTED]
 DOB: [REDACTED] AGE: 48 SEX: M RACE: H
 DRUG ALLERGIES: Q TETNUS: _____
 NATURE OF PROBLEM OR REQUEST: inguinal hernia

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

HEALTH CARE DOCUMENTATION

165²

SUBJECTIVE:

OBJECTIVE: BP _____ P _____ R _____ T _____ O2 _____

ASSESSMENT:

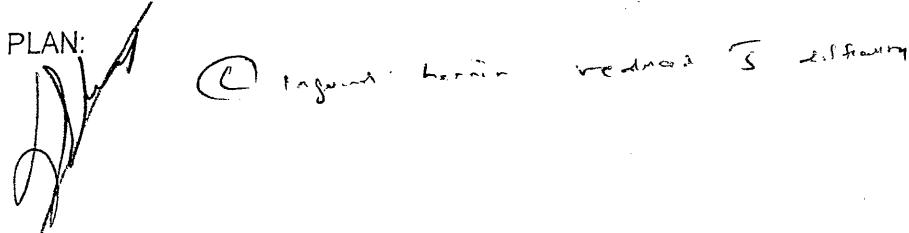
03/14/06 Lee County Detention Center Antonio Martinez #593038095

This 48 YO Hispanic male says his hernia is still coming out. It is uncomfortable. He is walking with his hand on this left groin.

Physical Exam: He doesn't want to let his stomach muscles relax but he eventually does and with slow gentle pressure over the left inguinal hernia it goes back in. the testicles are nontender. No other lesions.

Impression: Left inguinal hernia.

Plan: I talked to him again about the elective nature of having this repaired. He probably will want to have this done at some point. In the meantime, if he has it come out and can't get it back in and starts vomiting he will let the nurse know immediately so that we can evaluate and see if it will go back in or if it needs emergent evaluation and possible repair. In the meantime, it is an elective thing. It can be manually reduced without difficulty now.

PLAN:


REFER TO: PA/PHYSICIAN _____ MENTAL HEALTH _____ DENTAL _____

SIGNATURE JOHN H McFARLAND MD TITLE MD DATE 3-14-06 TIME 0927
 AM8104894 04/19/06 C10 Hernia out
 AL11404 great MD To put it Back

ANTONIO MARTINEZ F-1

7-31-06

NURSE

I NEED SOME PAIN PILLS FOR
MY HERNIA BECAUSE IT REALLY HURTS.

THANKS FOR YOUR TIME

4/1/06

Tylenol sent

Nurse Gifford

Lee County Detention Center
INMATE REQUEST SLIP

F-1
LOCATION

Name ANTONIO MARTINEZ

Date 04-06-06

Telephone Call

Doctor

Dentist

Time Sheet

Special Visit

Personal Problem

Other

Briefly Outline Your Request. Give To Jailer NURSE STEWART.

I WOULD LIKE TO HAVE MOTRIN FOR MY HERNIA FOR A COUPLE OF DAYS LONGER BECAUSE I'M IN CONSTANT PAIN.

THANKS FOR YOUR TIME

Do Not Write Below This Line - For Reply Only

4/7/06 Motrin sent

Nurse Griffin

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

Lieutenant

Chief Deputy

Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

Lee County Detention Center
INMATE REQUEST SLIP

F-1
LOCATION

Name ANTONIS MARTINEZ

Date 04-09-06

- Telephone Call Doctor Dentist Time Sheet
 Special Visit Personal Problem Other

Briefly Outline Your Request. Give To Jailer NURSE STEWART
I NEED SOME MOTRIN FOR MY HERNIA
BECAUSE I AM IN ALOT OF PAIN

Do Not Write Below This Line - For Reply Only

4/10/06 Motrin sent

Nurse Griffith

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

- Lieutenant Chief Deputy Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

Lee County Detention Ce
INMATE REQUEST SLIP

G-1
LOCATION

Name Antonio Martinez Date 4/10/06

- | | | | |
|---|---|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Telephone Call | <input type="checkbox"/> Doctor | <input type="checkbox"/> Dentist | <input type="checkbox"/> Time Sheet |
| <input type="checkbox"/> Special Visit | <input type="checkbox"/> Personal Problem | <input type="checkbox"/> Other | |

Briefly Outline Your Request. Give To Jailer

Nurse steuber
could you give me my medication
for hernia IM in a lot Pain

Do Not Write Below This Line - For Reply Only

04/12/06 6 AM metra given
per orders of our Dr

Huseyin

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

- | | | |
|-------------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Lieutenant | <input type="checkbox"/> Chief Deputy | <input type="checkbox"/> Sheriff |
|-------------------------------------|---------------------------------------|----------------------------------|

Date _____ Time Received _____

CORRECTION OFFICER _____

Lee County Detention Center
INMATE REQUEST SLIP

F-1
LOCATION

Name Antonio Martinez Date 04/14/08

- | | | | |
|---|---|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Telephone Call | <input type="checkbox"/> Doctor | <input type="checkbox"/> Dentist | <input type="checkbox"/> Time Sheet |
| <input type="checkbox"/> Special Visit | <input type="checkbox"/> Personal Problem | <input type="checkbox"/> Other | |

Briefly Outline Your Request. Give To Jailer

Nurse Stewart

I Need Some Motrin For my
Hernia Because I am in a lot
of Pain

Do Not Write Below This Line - For Reply Only

4/15/08 You have an order from our
doctor to have Tylenol or Motrin. It
is fixed up in the medication books
for you. Just ask who ever is
passing out medication for it.

Nurse Griffith

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

- | | | |
|-------------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Lieutenant | <input type="checkbox"/> Chief Deputy | <input type="checkbox"/> Sheriff |
|-------------------------------------|---------------------------------------|----------------------------------|

Date _____ Time Received _____

CORRECTION OFFICER

Lee County Detention Center
INMATE REQUEST SLIP

F-1
LOCATION

Name ANTONIO MARTINEZ Date 8/18/06

- | | | | |
|---|---|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Telephone Call | <input type="checkbox"/> Doctor | <input type="checkbox"/> Dentist | <input type="checkbox"/> Time Sheet |
| <input type="checkbox"/> Special Visit | <input type="checkbox"/> Personal Problem | <input type="checkbox"/> Other | |

Briefly Outline Your Request. Give To Jailer

NURSE STEWART
I NEED MY MEDICATION
FOR MY HERNIA, AND I DID NOT GET
TO GO SEE THE DOCTOR TODAY.
WHAT'S THE HOLD-UP? I NEED TO
GO SEE HIM, IF IT'S NOT A
PROBLEM.

THANK YOU FOR YOUR TIME.

Do Not Write Below This Line - For Reply Only

8/19/06 already address
Down to see h.
The. occasional 17/Matri
got two this AM

Nurse Stewart

Approved _____ Denied _____ Collect Call _____

All Requests Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

- | | | |
|-------------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Lieutenant | <input type="checkbox"/> Chief Deputy | <input type="checkbox"/> Sheriff |
|-------------------------------------|---------------------------------------|----------------------------------|

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

NOTES

NAME: Martinez, Antonio SS# [REDACTED]DOB: [REDACTED] AGE: 48 SEX: M RACE: HDRUG ALLERGIES: None TETNUS: _____NATURE OF PROBLEM OR REQUEST: put hernia back in

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

HEALTH CARE DOCUMENTATION

WT 180

SUBJECTIVE:

OBJECTIVE: BP _____ P _____ R _____ T _____ O2 _____

ASSESSMENT:

PLAN:

Cilate original herniaREFER TO: PA/PHYSICIAN MENTAL HEALTH DENTALSIGNATURE JOHN H MCFARLAND MD TITLE MD DATE 4-25-06 TIME 1625AM8104894
AL11404

HIV SEROLOGY
WESTERN BLOTTING

86701
86689

ALABAMA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF CLINICAL LABORATORY

I.D. NUMBER

645200

PLEASE USE A BLACK PEN

Martinez, Antonio

Patient's First Name

MI

H/M

Apt.

City

PLACE LABEL INSIDE RECTANGLE

State

Zip

Phone

LEE COUNTY DETENTION CENTER

P.O. BOX 2407

OPELIKA, AL 36803

RACE

SEX

DOB (mmddyyyy)

V B H A I U M F

 / /

 / /

Provider

LEE COUNTY DETENTION CENTER

SITE CODE

CNTY

Address

P.O. BOX 2407

 /

 /

OPELIKA, AL 36803

State

Zip

Health Dept. CHR Number

Social Security Number

 / /

Provider Number

 / /

Number

Counselor (Initials)

Date Collected

EIA

WESTERN BLOTTING

Results: Indicated by Marked

Negative

Indeterminate

Not Done

Positive

Not Done

ANALYST INITIALS

DATE REPORTED

Birmingham

Mobile

Decatur

Montgomery

Dothan

Has Patient Had a Previous Positive or Indeterminate Western Blot?

No

Yes

Unknown

Date

 / /

PATIENT SHOULD HAVE A
TUBERCULIN SKIN TEST
IF HIV POSITIVE

LEE COUNTY SHERIFF'S DEPARTMENT
RECORD OF MEDICAL EXAMINATION
(FORM #11)

PART 1: To be completed by Corrections Staff. (Please print clearly)

1. Inmate's name: Martinez, Antonio
2. Date: 03/28/06
3. Time: 0730
4. Reason treatment was needed: CXR on INH 6 mos 1991

5. Did Inmate request treatment? Yes (If yes, place request form in Inmate's file if in writing)
6. Was inmate transported from the jail? Yes
7. If yes, to what location? LCHD
8. Was inmate treated at the jail? No
9. Who examined the inmate? Medical
10. Corrections Officer's name: _____ Signature: _____

PART 2: To be completed by person examining inmate. (Please print clearly)

1. Type of treatment/ examination: CXR
2. Prognosis: pending
3. Is additional treatment needed? _____ If so, please specify if other than medication:

4. Medication prescribed: _____
5. Special instructions for administration: _____

6. Other special instructions (restrictions of diet, activity, work, etc; observation orders; other):

